

**FACT SHEET: Health Care in Nevada**  
**What the Affordable Care Act is doing for Nevada families**

The Affordable Care Act has already covered nearly one in three uninsured Americans – more than sixteen million – and improved coverage for virtually everyone with health coverage. Americans can no longer be denied coverage because of preexisting conditions, women can't be charged more just for being women, and there are no more annual caps on the care patients receive. Hospitals, doctors and other providers are changing the way they operate to deliver better care at lower cost. Hospitals, doctors and other providers are changing the way they operate to deliver better care at lower cost. In the years to come, the ability to buy portable and affordable plans on a competitive marketplace will allow countless Americans to move, start businesses, and dream big American dreams – without worrying if an illness will bankrupt them. Here is how the Affordable Care Act is working for families in Nevada:

**After Health Reform: Improved Access to Care**

- Gallup recently estimated that the uninsured rate in Nevada in 2014 was 15.7 percent, down from 20.0 percent in 2013.
- Prohibits coverage denials and reduced benefits, protecting as many as 1,157,045 Nevadans who have some type of pre-existing health condition, including 162,452 children.
- Eliminates lifetime and annual limits on insurance coverage and establishes annual limits on out-of-pocket spending on essential health benefits, benefiting 937,000 people in Nevada, including 329,000 women and 269,000 children.
- Expands Medicaid to all non-eligible adults with incomes under 133% of the federal poverty level. 218,256 more people in Nevada have gained Medicaid or CHIP coverage since the beginning of the Health Insurance Marketplace first open enrollment period.
- Establishes a system of state and federal health insurance exchanges, or marketplaces, to make it easier for individuals and small-business employees to purchase health plans at affordable prices through which 62,944 people in Nevada were covered in March 2015.

- Created a temporary high-risk pool program to cover uninsured people with pre-existing conditions prior to 2014 reforms which helped more than 1,473 people in Nevada.
- Creates health plan disclosure requirements and simple, standardized summaries so 1,465,500 people in Nevada can better understand coverage information and compare benefits.

### **After Health Reform: More Affordable Care**

- Creates a tax credit to help 52,900 people in Nevada who otherwise cannot afford it purchase health coverage through health insurance marketplaces.
- Requires health insurers to provide consumers with rebates if the amount they spend on health benefits and quality of care, as opposed to advertising and marketing, is too low. Last year, 74,476 consumers in Nevada received \$4,049,168 in rebates.
- Eliminates out-of-pocket costs for preventive services like immunizations, certain cancer screenings, contraception, reproductive counseling, obesity screening, and behavioral assessments for children. This coverage is guaranteed for more than 1,168,797 people in Nevada including 455,665 women.
- Eliminates out-of-pocket costs for 277,282 Medicare beneficiaries in Nevada for preventive services like cancer screenings, bone-mass measurements, annual physicals, and smoking cessation.
- Phases out the “donut hole” coverage gap for 32,950 Medicare prescription drug beneficiaries in Nevada, who have saved an average of \$865 per beneficiary.
- Creates Accountable Care Organizations consisting of doctors and other health-care providers who share in savings from keeping patients well while improving quality, helping 53,031 Medicare beneficiaries in Nevada.
- Phases out overpayments through the Medicare Advantage system, while requiring Medicare Advantage plans to spend at least 85 percent of Medicare revenue on patient care. Medicare Advantage enrollment has grown by 44,314 to 147,880 in Nevada since 2009.

### **After Health Reform: Improved Quality and Accountability to You**

- Provides incentives to hospitals in Medicare to reduce hospital-acquired infections and avoidable readmissions. Creates a collaborative health-safety learning network,

the Partnership for Patients, that includes 39 hospitals in Nevada to promote best quality practices.

**We're not done. Other legislation and executive actions are continuing to advance the cause of effective, accountable and affordable health care. This includes:**

- Incentive payments for doctors, hospitals, and other providers to adopt and use certified electronic health records (EHR). In Nevada more than 68 percent of hospitals and 33 percent of providers have electronic health records systems.
- A new funding pool for Community Health Centers to build, expand and operate health-care facilities in underserved communities. Health Center grantees in Nevada now serve 70,014 patients and received \$22,672,721 under the health care law to offer a broader array of primary care services, extend their hours of operations, hire more providers, and renovate or build new clinical spaces.
- Health provider training opportunities, with an emphasis on primary care, including a significant expansion of the National Health Service Corps. As of September 30, 2014, there were 56 Corps clinicians providing primary care services in Nevada, compared to 12 clinicians in 2008.

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